U.S. Department of Labor Office of Labor Management Standards • v ashington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E PARTIES OF THE PART				
1 File Number U 9490	2 Fiscal Year Covered From			
	1/1/04 Through 12/31/04			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Edward F Hamilton	Name IBEW LOCAI#9			
	Labor Organization File Number 0/5 9/9			
PO Box Bldg Room No If any	P O Box Building and Room Number if any			
Street 4415 W. HARRISON ST	Street 4415 W. Harrison St			
City Hillside	City Hillside			
State ZL ZIP Code + 4 60 19.2	State   IL   ZIP Code + 4   60/92			
5 Position in labor organization				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or Indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)				
A Held an interest in engaged in transactions (including loans) with or a monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income			
Name				
Trade Name If any				
P O Box Bldg Room No if any				
Street	7 b Amount.			
City				
State ZIP Code + 4				
Signature				
15 Signature and verification. The undersigned declares under penalty of i submitted in this report (including the information contained in any accompany undersigned s knowledge and belief true correct and complete (See the sec	Perjury and other applicable penalties of the law that all of the information ng documents) has been examined by the signatory and is to the best of the			

Signed Edward & Hamilton

9000

Telephone Number

Name of Person Filing	File Number U
B Held an interest in or derived income or economic benefit with monetary was substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business lively seeking to represent or idirectly to or otherwise
8 Name and address of Business (including trade name if any)  Name Gold Borg, Weisial) of ICAIRO, ETO  Trade Name if any  PO Box Bidg Room No if any 3 4th Floor  Street ONP FASH WALKER DR. 34th Floor  City Chickson  State TLL ZIP Code + 4 60601	9 Business deals with  a Labor Organization  b Trust  c Employer
Name FBC W GCB Trade Name If any CBCB Trade Name If any CBCBB Trade Name If any CB	11 a Nature of such dealing  LAWYER THAT REPRESENTS  MEMBERS OF LABOR OPENIZATION  ON WOLLD MAINS COMP CASES  11 b Approximate dollar value of such dealing  LANK MOUNT  12 a Nature of Interest held or income received  Sept 2004  Sept 2004  12 b Amount
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	r parts A and B above)
13 b Is the Business an Employer or Consultant?	14 b Amount of payment

Name of Person Filing Edward F Hami	1 ton	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any)  Name Rei'y Myhrell  Trade Name if any Qualified Plans Continue  PO Box Bidg Room No if any  Street 3083 S Wolf Rd  City West chesten  State El ZiP Code + 4 6015 4	b Trust				
10 If 9 b or 9 c is checked give trust or employer's name  Name Line Clearance Bril' Fund J  Trade Name if any Tic Tween, Long PO Box Bldg Room No if any  Street L 5 25 Centurian De	11 a Nature of such dealing Health And consultan  11 b Approximate dollar value	welfare +			
City         LANSING           State         M.   ZIP Code + 4 48917	12 a Nature of interest held Christmas Dec 13, 2				
	12 b Amount.	13 pm 316000			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment				
Name					
Trade Name If any					
P O Box Bldg Room No If any Street City					
State ZIP Code + 4					
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment				

-- ---

Name of Person Filing Edward F Ham. How		File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any)  Name Gold Borg, Weismin i Criro, Etc.  Trade Name if any  PO Box Bidg Room No if any 3 4 th 1000.  Street ONE EAST WACKED DR 34 Floor  Oily Chicago	9 Business deals with  / a Labor Organizat b Trust c Employer	lion			
10 If 9 b or 9 c is checked give trust or employer's name  Name	11 a Nature of such dealing  LBuyra  MemBines  DW World  12 a Nature of interest held  Lunicheau  12 b Amount	LAT REPRESENTS  OF LABOR DROPE  MAILS COMP  or income received			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value  13 a Name and address of Employer or Labor Relations Consultant  14 a Nature of payment					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	The state of the s				
Name					
Trade Name if any					
P O Box Bldg Room No If any					
City					
State ZIP Code + 4					
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment				

Name of Person Filing Edward F Hamilton	File Number U	
B Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent or adirectly to or otherwise	
8 Name and address of Business (including trade name if any)  Name Robert E Filippeold  Trade Name if any  PO Box Bidg Room No if any  Street 714 & Backington  City LaGrange  State TL ZIP Code +4 60528	9 Business deals with  a Labor Organization  b Trust  c Employer	
Name Robert E. Fitzger Ind  Trade Name if any  PO Box Bidg Room No if any  Street 7/4 w. But/rgtes  City La Grange  State ZL ZIP Code +4 60525	11 a Nature of such dealing  UNTON HITOZOCH  11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received  Christmas Goldan 13	104 67.3
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name	-	
Trade Name if any		
P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	

20.2002